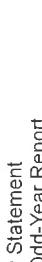
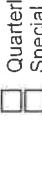


Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

**Recipient Committee  
Campaign Statement  
Cover Page**

<b>CALIFORNIA 460 FORM</b>		Date Stamp 	Page 1 of 15 
<b>SEE INSTRUCTIONS ON REVERSE</b>			
<b>Statement covers period</b> from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/03/2020</u>	<b>2. Type of Statement:</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee</li> <li><input type="checkbox"/> Controlled</li> <li><input type="checkbox"/> Sponsored</li> <li><input type="checkbox"/> (Also Complete Part 6)</li> <li><input type="checkbox"/> Primarily Formed Candidate/Officerholder Committee</li> <li><input type="checkbox"/> (Also Complete Part 7)</li> </ul>	
<b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.		<b>2. Type of Statement:</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Prelection Statement</li> <li><input type="checkbox"/> Semi-annual Statement</li> <li><input type="checkbox"/> Termination Statement</li> <li><input type="checkbox"/> (Also file a Form 410 Termination)</li> <li><input type="checkbox"/> Amendment (Explain below)</li> </ul>	
<b>3. Committee Information</b> COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) 		<b>Treasurer(s)</b> NAME OF TREASURER Oscar Alejandro Escobedo MAILING ADDRESS 124 W. Main Street, Suite D CITY Santa Maria NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS <u>carlosforsmcitycouncil@gmail.com</u>	
<b>4. Verification</b> I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		Executed on <u>10/21/2020</u> Date: <u>10/21/2020</u> By <u>Signature of Treasurer or Assistant Treasurer</u>  Executed on <u>10/21/2020</u> Date: <u>10/21/2020</u> By <u>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor</u>  Executed on _____ Date _____ By <u>Signature of Controlling Officeholder, Candidate, State Measure Proponent</u>  Executed on _____ Date _____ By <u>Signature of Controlling Officeholder, Candidate, State Measure Proponent</u>	

460 (Jan/2016)  
ov (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

END

EPBC Form 460 (Jan/2016)

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2  
**CALIFORNIA 460 FORM**

Page <u>2</u> of <u>15</u>
----------------------------

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Carlos Escobedo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: City of Santa Maria District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1010 W. Alvin Avenue

Santa Maria CA 93458

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER  
 YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

CITY STATE ZIP CODE AREA CODE/PHONE

*Attach continuation sheets if necessary*

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVENT

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**  
Carlos Escobedo for Santa Maria City Council District 1 2020

<b>CALIFORNIA 460 FORM</b>	
<b>Statement covers period from</b> 09/20/2020	<b>through</b> 10/17/2020
<b>Page</b> 3 <b>of</b> 15	
<b>I.D. NUMBER</b> 1424210	

**Contributions Received**

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	\$ 4,625.00	\$ 29,424.38
2. Loans Received .....	\$ 0.00	\$ 2,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	\$ 4,625.00	\$ 31,424.38
4. Nonmonetary Contributions .....	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	\$ 4,625.00	\$ 31,424.38

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4	\$ 9,623.69	\$ 17,004.45
7. Loans Made .....	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 9,623.69	\$ 17,004.45
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 9,623.69	\$ 17,004.45

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 19,418.62	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$ 4,625.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ 0.00	
15. Cash Payments .....	Column A, Line 8 above	\$ 9,623.69	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 14,419.93	

*If this is a termination statement, Line 16 must be zero.*

**17. LOAN GUARANTEES RECEIVED .....**

\$ 0.00

**Cash Equivalents and Outstanding Debts**

\$ 0.00

**18. Cash Equivalents.....**

\$ 2,000.00

**19. Outstanding Debts .....**

\$ 2,000.00

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Carlos Escobedo for Santa Maria City Council District 1 2020

Statement covers period from <u>09/20/2020</u>	CALIFORNIA FORM <b>460</b>
through <u>10/17/2020</u>	Page <u>4</u> of <u>15</u>
	I.D. NUMBER <u>1424210</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE * ( <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/20/2020	Thomas Lopez 1826 Lauren Lane Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	Engineer TSL Consulting Engineers, INC.	500.00	500.00	
09/22/2020	John F. Will 641 Antler Ridge Way Santa Maria CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	Owner The JF Will Company	250.00	250.00	
09/24/2020	Santa Maria Properties, Inc. 1131 South Russell Ave. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC		500.00	500.00	
09/24/2020	Scott & Wayne, LLC 1131 South Russell Ave. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC		500.00	500.00	
10/13/2020	Santa Barbara Rental Property Association ID: 802339 123 W. Padre Street #D Santa Barbara, CA 93105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input checked="" type="checkbox"/> SCC		500.00	500.00	
<b>SUBTOTAL \$ 2,250.00</b>						

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 4,550.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 75.00
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 4,625.00**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTV or SCC)  
OTH – Other (e.g., business entity)  
PTV – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee



**Schedule B – Part 2  
Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Carlos Escobedo for Santa Maria City Council District 1 2020

NAME OF FILER		Statement covers period from <u>09/20/20</u> through <u>10/17/2020</u>		Page <u>7</u> of <u>15</u>		CALIFORNIA <b>460</b> FORM	
						I.D. NUMBER <u>1424210</u>	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ _____ DATE	\$ _____ PER ELECTION (IF REQUIRED)	\$ _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	\$ _____ DATE	\$ _____ PER ELECTION (IF REQUIRED)	\$ _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	\$ _____ DATE	\$ _____ PER ELECTION (IF REQUIRED)	\$ _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	\$ _____ DATE	\$ _____ PER ELECTION (IF REQUIRED)	\$ _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	\$ _____ DATE	\$ _____ PER ELECTION (IF REQUIRED)	\$ _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	\$ _____ DATE	\$ _____ PER ELECTION (IF REQUIRED)	\$ _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	\$ _____ DATE	\$ _____ PER ELECTION (IF REQUIRED)	\$ _____
							<b>SUBTOTAL</b> \$ _____
							Enter on Summary Page, Line 17 only.

## Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

<b>CALIFORNIA FORM 460</b>	
Statement covers period	from <u>09/20/2020</u>
through <u>10/17/2020</u>	Page <u>8</u> of <u>15</u>

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100.....\$ 0.00
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$ 0.00**

## Schedule C Summary

---

SUBTOTAL \$ 0.00

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF ELLER

## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0.00  
 2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00  
 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL**..... \$ 0.00

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Carlos Escobedo for Santa Maria City Council District 1 2020

Statement covers period	<b>CALIFORNIA FORM</b>	SCHEDULE E
from <u>09/20/2020</u>	through <u>10/17/2020</u>	Page <u>10</u> of <u>15</u>
		I.D. NUMBER <u>1424210</u>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	return contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	TV or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook, Inc 1 Hacker Way Menlo Park, CA 94025		Social Media Ads	796.19
DMH Meyer, Inc. 1560-1 Newbury Rd, #212 Newbury Park, CA 91320	LIT		352,84
DMH Meyer, Inc. 1560-1 Newbury Rd, #212 Newbury Park, CA 91320	LIT		3,404.08
<b>SUBTOTAL \$ 4,553.11</b>			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals)..... \$ 9,596.87
2. Unitemized payments made this period of under \$100..... \$ 26.82
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 9,623.69**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded to whole dollars.

<b>Schedule L (Continuation Sheet) Payments Made</b>		<b>CALIFORNIA 460 FORM</b>
Amounts may be rounded to whole dollars.		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		
Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>		Page <u>11</u> of <u>15</u>
		I.D. NUMBER <u>1424210</u>

**CODES:** If one of the following codes accurately desc

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE  
(IE COMMITTEE ALSO ENTER ID NUMBER)

Doug Dougherty  
445 S. 1st. Street  
Orcutt, CA 93455

DMH Meyer, Inc.  
1560-1 Newbury R  
Newbury Park, CA

\* Payments that are contributions, or independent expenditures must also be summarized on Schedule B.

**SUBTOTAL \$ 5,043.76**

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
FPPC Form 460 (Jan/2016)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)





**Schedule H  
Loans Made to Others\***

Amounts may be rounded to whole dollars.

NAME OF FILER \_\_\_\_\_

Carlos Escobedo for Santa Maria City Council District 1 2020

## Schedule H Summary

1. Loans made this period.....  
 (Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans.....  
 (Total Column (c) plus unitemized payments of less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.).....  
 (Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

## Schedule I Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

